

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization. You may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity, or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. .

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose, to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions of law enforcement officials having lawful custody of protected health information of inmates of patients under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request, in writing, to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of the notice. If you request copies, we may charge you \$1.00 per page for the first 5 pages and \$.25 for each additional page, and postage if you want the copies mailed to you. If you request an alternative format, we will prepare a summary of an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before

April 14, 2003. If you request this accounting more than once in a 12month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our website or by e-mail, you are entitled to receive this notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

Contact Officer: Sheila Frederick

Telephone: 501-224-1044 Fax: 501-224-0447

E-Mail: sfrederick@drsuzannee.com

Address: 12600 Cantrell Rd., Little Rock, Arkansas 72223

IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION'S IDENTITY THEFT PREVENTION RED FLAGS RULE, DR. SUZANNE YEE'S COSMETIC & LASER SURGERY CENTER HAS DEVELOPED A POLICY TO FOLLOW ALL FEDERAL AND STATE LAWS AND REPORTING REQUIREMENTS REGARDING IDENTITY THEFT. SPECIFICALLY, THIS POLICY OUTLINES HOW DR. SUZANNE YEE'S COSMETIC & LASER SURGERY CENTER WILL 1) IDENTIFY, 2) DETECT AND 3) RESPOND TO "RED FLAGS".

A "red flag" means a pattern, practice, or specific activity that indicates the possible existence of identity theft.

Identifying Red Flags

In the course of caring for patients, Dr. Yee's Cosmetic & Laser Surgery Center may encounter inconsistent or suspicious documents, information or activity that may signal identity theft. Dr. Yee's Cosmetic & Laser Surgery Center identifies the following as potential red flags, and this policy includes procedures describing how to detect and respond to these red flags below:

- 1) A complaint or question from a patient based on the patient's receipt of:
 - o A bill for another individual.
 - o A bill for a service the patient denies receiving.
 - o A notice of insurance benefits (or explanation of benefits) for health care services never received.
- 2) Records showing medical treatment that is inconsistent with a physical examination or with a medical history as reported by the patient.
- 3) A complaint or question from a patient about the receipt of a collection notice from a bill collector.
- 4) A dispute of a bill by a patient who claims to be the victim of any type of identity theft.
- 5) A patient who has an insurance number, but never produces an insurance card or other physical documentation of insurance.
- 6) A notice or inquiry from an insurance fraud investigator for a private health insurer or a law enforcement agency, including but not limited to a Medicare or Medicaid fraud agency.

Detect Red Flags

Dr. Suzanne Yee's Cosmetic & Laser Surgery Center's staff will be alert for discrepancies in document and patient information that suggest risk of identity theft or fraud. Dr. Suzanne Yee's Cosmetic & Laser Surgery Center will verify patient identity, address and year of birth at time of patient registration/check-in.

- 1) When a new patient calls to request an appointment, or if a patient is referred by another physician, the patient will be asked to bring the following at the time of appointment:

- o Driver's license or other photo ID
- o Current medications & dosages

Note: If the patient is a minor, the patient's parent or guardian should bring the information listed above.

- 2) When the new patient arrives for the appointment, the patient will be asked to produce the information listed above.
- 3) Every time the patient has an appointment, the information will be reviewed verbally with the patient. Every year, the patient will need to update this information in written form.
- 4) Staff should be alert for the possibility of identity theft in the following situations:
 - o the photograph on driver's license or other ID information does not resemble the patient.
 - o The patient submits a driver's license or other ID information that appears to be altered or forged.
 - o The patient fails to provide identifying information or documents.

Respond to Red Flags

If an employee of Dr. Suzanne Yee's Cosmetic & Laser Surgery Center detects fraudulent activity or if a patient claims to be victim of identity theft, Dr. Suzanne Yee's Cosmetic & Laser Surgery Center will respond to and investigate the situation. If potentially fraudulent activity is detected by an employee of Dr. Suzanne Yee's Cosmetic & Laser Surgery Center, the course of action will be as follows:

- 1) The employee should gather all documentation and report the incident to his or her immediate supervisor.
- 2) The supervisor will determine whether the activity is fraudulent or authentic.
- 3) If the activity is determined to be fraudulent, then Dr. Suzanne Yee's Cosmetic & Laser Surgery Center should take immediate action.
 - o Cancel a transaction.
 - o Notify appropriate law enforcement.
 - o Notify the affected patient.
 - o Notify Dr. Yee.

If patient claims to be a victim of identity theft.

- 1) The patient should be encouraged to file a police report for identity theft if he/she has not done so already.
- 2) The patient should be encouraged to complete the ID Theft Affidavit developed by the FTC, along with supporting documentation.
- 3) Dr. Suzanne Yee's Cosmetic & Laser Surgery Center will compare the patient's documentation with personal information in the practice's records.
- 4) If following investigation, it appears that the patient has been a victim of identity theft, Dr. Suzanne Yee's Cosmetic & Laser Surgery Center will promptly consider what further notifications may be needed under the circumstances.
- 5) Dr. Yee will review the affected patient's medical record to confirm whether documentation made in the patient's medical record that resulted in inaccurate information in the patient's medical record. If inaccuracies due to identity theft exist, a notation should be made in the record to indicate identity theft.
- 6) The practice medical records staff will determine whether any other records and/or ancillary service providers are linked to inaccurate information. Any additional files containing information relevant to identity theft will be removed and appropriate action taken. The patient is responsible for contacting ancillary service providers.

PROCESS FOR PATIENT SUGGESTIONS AND GRIEVANCES

1. Suggestions and grievances will be directed to Sheila Frederick FAX: 501-224-0447, email: sfrederick@drsuzanneye.com , Address: 12600 Cantrell Road, Little Rock, Arkansas 72223
2. The suggestions and grievances must be in writing.
3. The written suggestions and grievances must identify the problem.
4. The written suggestions and grievances will then be discussed with Dr. Yee and any other staff involved by the clinic manager.
5. A decision will be made as to what course of action to take at this point. (Depending on the nature & severity of the problem, a meeting to discuss the problem may be necessary.)

It is the policy of the office of Dr. Suzanne Yee to remedy patient grievances to the satisfaction of all parties involved.

PROCESS TO REPORT PATIENT CONCERNS ABOUT CARE AND SAFETY

1. Concerns about care and/or safety will be directed to Sheila Frederick, FAX: 501-224-0447, email: sfrederick@drsuzanneye.com Address: 12600 Cantrell Road, Little Rock, Arkansas 72223.
2. The concerns about care and/or safety must be in writing.
3. The written concerns about care and/or safety must identify the problem clearly.
4. The written concerns about care and/or safety will then be discussed with Dr. Yee
5. A decision will be made as to what course of action to take at this point.

It is the policy of the office of Dr. Suzanne Yee to remedy patient concerns to the satisfaction of all parties involved.